

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service 11-19-01.
- b. The request was received on 5-13-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. No Carrier sign sheet was noted in the dispute packet. Per Rule 133.307 (g) (4), the Division forwarded a copy of the request for additional documentation (from the Provider) to the carrier on 6-10-02. There was no initial or 14 day response noted in the dispute packet. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement noted in the dispute packet.
2. Respondent: No Response noted in the dispute packet.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11-19-01.
2. The carrier has denied the disputed date of service as "A – PRE-AUTHORIZATION NOT OBTAINED"
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11-19-01	90801	\$180.00	\$-0-	A	\$3.00 per minute	TWCC Rule 134.600 (h) (4); CPT Descriptor	<p>The carrier has denied the disputed service as "A".</p> <p>TWCC Rule 134.600 (h) (4) requires that all "psychological testing and psychotherapy, repeat interview, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program; be preauthorized.</p> <p>CPT Code 90801 is defined as, "Psychiatric diagnostic interview examination...". Documentation does not indicate that this was a repeat interview and therefore, does not require preauthorization.</p> <p>Reimbursement is recommended in the amount of <b>\$180.00</b>. (60 minutes at \$3.00 per minute = \$180.00.)</p>
11-19-01	90830	\$250.00	\$-0-	A	\$125.00 per hr.	TWCC Rule 134.600 (h) (4); CPT Descriptor	<p>The carrier has denied the disputed service as "A".</p> <p>TWCC Rule 134.600 (h) (4) requires that all "psychological testing and psychotherapy, repeat interview, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program; be preauthorized.</p> <p>CPT Code 90830 is defined as, "Psychological testing...". Pursuant to TWCC Rule 134.600, psychological testing does require preauthorization. Documentation does not support written confirmation from the carrier that preauthorization was issued for this code. Therefore, no reimbursement is recommended.</p>
<b>Totals</b>		\$430.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$180.00</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$180.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 23<sup>rd</sup> day of October 2002.

Lesia Lenart  
 Medical Dispute Resolution Officer  
 Medical Review Division

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